HEMATOL TRANSFUS CELL THER. 2024;46(S6):S440–S441

HEMATOLOGY, TRANSFUSION AND CELL THERAPY

www.htct.com.br

Images in Clinical Hematology

Diffuse mucocutaneous hyperpigmentation related to hydroxyurea

Vishnu Sharma [a,*], Sidharth Mahajan [b], Vansh Bagrodia [a]

[a] SMS Medical College, Jaipur, India
[b] Government Medical College, Amritsar, India

ARTICLE INFO

Article history:
Received 8 March 2024
Accepted 19 March 2024
Available online 22 July 2024

Case presentation

A 63-year-old woman developed diffuse mucocutaneous hyperpigmentation post-hydroxyurea treatment for myelofibrosis. Hyperpigmentation appeared on eyelids, nasal ala, tongue, and palms without discomfort. Extensive investigations ruled out common causes; the patient had no prior dermatological conditions. Hydroxyurea was deemed causative due to temporal correlation. Counselling emphasized benign nature, recommending continued therapy with monitoring.

Hydroxyurea-induced skin changes include ulcerations, melanonychia, and hyperpigmentation.[1] Mechanism involves photosensitization, toxicity, genetic factors, possibly increased melanin, and iron deposition.[2–4] Management includes reassurance, differential evaluation, and discontinuation in severe cases.[5] This case differs from typical singular-site presentations, presenting a rare, multifocal pattern.[1,3–6] Figures 1 and 2.

* Corresponding author at: SMS Medical College 510, Midas Touch Apartments, Malhotra Nagar, Jaipur, Rajasthan, India.
E-mail address: vanshbagrodia@gmail.com (V. Sharma).
https://doi.org/10.1016/j.htct.2024.03.009

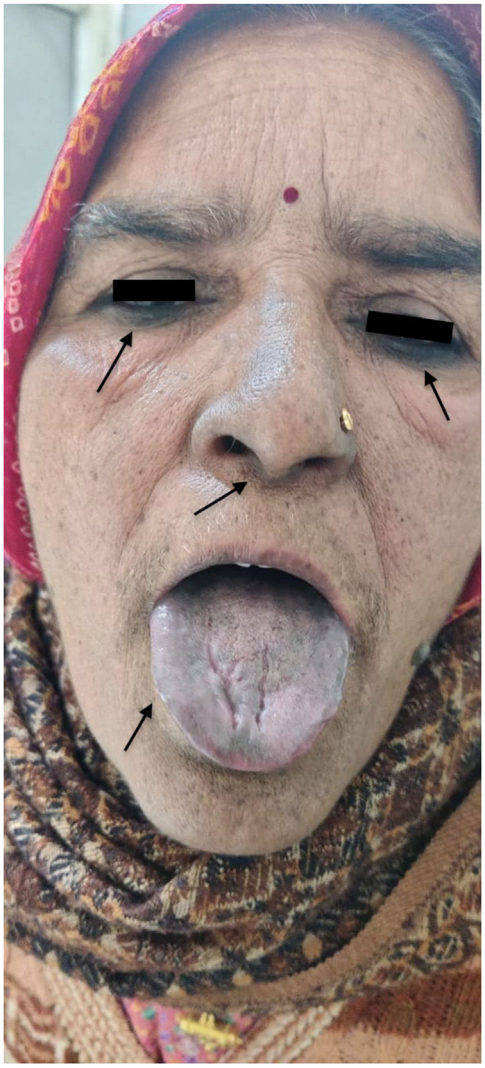

Figure 1 – Bilateral periorbital, nasal ala, and lingual pigmentation.

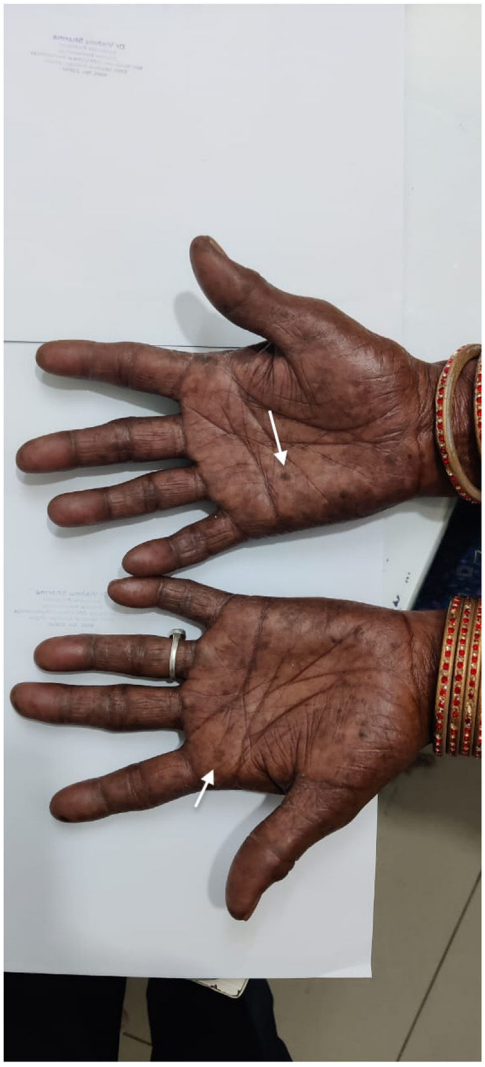

Figure 2 – Diffuse macular palmar pigmentation.

Conflicts of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

1. Veillet-Lemay G, Haber RM. Hydroxyurea-induced oral hyperpigmentation: a case report and review of the literature. J Cutan Med Surg. 2019;23(1):111–3.
2. Alawi F. Pigmented lesions of the oral cavity: an update. Dent Clin North Am. 2013;57(4):699–710.
3. Lee KP, Vangipuram R, Klimas NK, Sanyal S, Koshelev MV. Hydroxyurea-induced hyperpigmentation with iron deposition. Dermatol Online J. 2019 Oct 15;25(10). 13030/qt6q51c0p94.
4. Karanth SS, Gupta A, Prabhu M. Melanonychia and mucocutaneous hyperpigmentation from hydroxyurea use for the treatment of essential thrombocytosis. Singapore Med J. 2014;55:e7–8.
5. Sukhedo K, Yoon GH, Rothman L, Meehan SA, Levin MK, Kim RH. Mirtazapine-induced hyperpigmentation with type II histopathologic findings. JAAD Case Rep. 2018;4:1077–9. [PMID: 30511003].
6. Alshammasi B, Albasry Z, Meshikhes F. Oral hyperpigmentation associated with hydroxyurea in a patient with polycythemia vera: a case report. Clin Case Rep. 2020;8(10):1904–9. https://doi.org/10.1002/ccr3.3012. PMID: 33088516; PMCID: PMC7562833.